## ILLINOIS PLACED IN SERVICE REPORT DISTRIBUTION: W & M Office 1001 LBS. + CAPACITY SCALES Bureau of Weights and Measures State Fairgrounds, P.O. Box 19281 Device Owner Device Location Springfield, IL 62794-9281 Service Company ALL INFORMATION MUST BE ACCURATE AND COMPLETE Or email to BUSINESS INFORMAION REASON FOR PLACED IN Business no.: SERVICE PERSON SERVICE REPORT? Name **DECAL NUMBER** NOTE: IF SERVICE WORK IS BEING DONE BECAUSE OF Address REJECTED DEVICE BEING REJECTED, PLEASE INCLUDE City BUSINESS NUMBER FROM TAG OR STATE TEST NEW or REPORT. Printed Name of Service Person NEW AT LOCATION County OVERHAUL ATTACH RED TAG TO THIS REPORT **INCREASING LOAD & SHIFT TEST (LBS.)** MARKING REQUIREMENTS SECTION LOAD SCALE ERROR MARKING REQUIREMENTS - SCALE INDICATOR <u>APPLIED</u> READING NUMBER MANUFACTURER: LOAD CELLS: MANUFACTURER: MODEL NO: SERIAL NO: MODEL NO: C.O.C. #: SERIAL NO: NOMINAL CAPACITY (LBS.) C.O.C. #: VALUE OF DIVISIONS (LBS): CAPACITY (LBS): DIVISIONS WEIGHBRIDGE: TYPE OF RECORDER MANUFACTURER ☐ DIGITAL DIAL MODEL NO: OTHER SERIAL NO: TYPE OF SCALE NEW? YES ☐ NO ☐ C.O.C. #: VEHICLE **HOPPER** CAPACITY (LBS): PIT □ DRY OTHER: ■ LOW PROFILE LIQUID MANUFACTURER: GRAIN HOPPER ☐ TEMPORARY MODEL NO: ☐ FIXED AXLE ☐ FERTILIZER SERIAL NO: ☐ VERT BLENDER C.O.C. #: **OTHER** CAPACITY (LBS): **BELT CONVEYOR ASPHALT** IS DEVICE SEALED? ☐ FLOOR SCALE ■ AGGREGATE YES NO ☐ FORK LIFT SEALS HAVE SERVICE PERSON NUMBER? LIVESTOCK WRITE IN. YES NO $\square$ П ■ ANIMAL DEVICE IS SEALED BY? ■ ALW / WLW П \* REMOTE INDICATOR / SCOREBOARD AUDIT TRAIL YES NO $\square$ Connected to a printer П IF YES, IS IT ACCURATE? YES Tamper Evident Security Seal STRAIN TEST (LBS) \* NUMBERS FROM EVENT LOGGER ALL REQUIRED MARKINGS ON EVERY DEVICE CHECK IF NOT APPLICABLE → CALIBRATION NUMBER (Indicator, Weighbridge, Load Cell(s), Etc.) CONFIGURATION NUMBER IS THE SCALE USED FOR POLICE ENFORCEMENT OF HIGHWAY WEIGHT LAWS? TOTAL SCALE TRUCK TEST ERROR YES 🔲 № П (+/-) n Λ FOR ALL SCALES: NEW VEHICLE SCALES oes the installation meet all specifications and tolerances of the Illinois (eights and Measures Act and NIST HB44? Yes No 1. Is the floor of the pit constructed with suitable drainage? 2. Is Equipment rebuilt? Yes 2. Do the approaches conform to NIST H44? Yes No 🔲 Yes No INCHES OF CLEARANCE FROM BOTTOM OF I-BEAM TO THE TOP OF THE CONCRETE FLOO 3. Have you confirmed the device is being used commercially? FEET OF CLEARANCE AROUND THE SIDES OF A PITLESS SCALE Describe any adjustments made 5. IF PORTABLE / TEMPORARY, WHAT IS THE SCALE USE? SPECIAL NOTICE This form will allow the temporary commercial use of the device described herein, pending its official Inspection, when countersigned by the owner or user of the device.

SERVICE PERSON NAME

SERVICE COMPANY NAME

SIGNED:
IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 815ILCS 370/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the

NOTE: FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION WILL RESULT IN A NON-COMPLIANCE REPORT, RETURN OF THIS FORM AND POSSIBLY AN ADMINISTRATIVE HEARING.

REGISTRATION NUMBER

REGISTRATION NUMBER

DATE

DATE